



UNIVERSITY OF ILLINOIS
COLLEGE OF MEDICINE AT PEORIA

DISCLOSURE OF INTEREST VERIFICATION FOR CME ACTIVITIES

**NAME OF
ACTIVITY** _____

(please print)

**ACTIVITY
DIRECTOR** _____

DEPARTMENT _____

ACTIVITY DATE _____

**I certify that disclosure of financial interest for all speakers at the above-named CME activity
Was made in the following way:**

_____ **Verbal – as part of introduction**

_____ **Written – as part of hand-out (please attach)**

_____ **Written – on a slide**

_____ **Other – describe**

Signed _____